

PTO/SB/21 (10-07)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/549,863
		Filing Date	December 8, 2006
		First Named Inventor	Nigel P. Smith
		Group Art Unit	2823
		Examiner Name	William D. Coleman
Total Number Of Pages In This Submission	13	Attorney Docket No.	NAN154 (8026)

RECEIVED**CENTRAL FAX CENTER****SEP 25 2008****ENCLOSURES (check all that apply)**

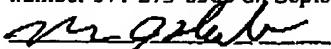
<input checked="" type="checkbox"/> Fee Transmittal Form (1 pg)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached (PTO 2038 1 pg)	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply (9 pgs)	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declarations	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request (1 pg)	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application (2 pgs)	Remarks The Commissioner is hereby authorized to charge any additional fees due to Deposit Account 50-2263.	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm Name	Silicon Valley Patent Group LLP		
Signature			
Printed Name	Michael J. Halbert		
Date	September 25, 2008	Registration No.:	40,633

CERTIFICATE OF TRANSMISSION/MALING

I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office to the fax number 571-273-8300 on September 25, 2008.

 9-25-08

Attorney for Applicant(s)

Date of Signature

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FEE TRANSMITTAL for FY 2007

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

Complete if Known

Application Number	10/549,863	RECEIVED CENTRAL FAX CENTER SEP 25 2008
Filing Date	December 8, 2006	
First Named Inventor	Nigel P. Smith	
Examiner Name	William D. Coleman	
Art Unit	2823	
Attorney Docket No.:	NAN154 (8026)	

METHOD OF PAYMENT

Check Credit Card (PTO 2038) Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 50-2263 Deposit Account Name: Silicon Valley Patent Group LLP

For the above-identified deposit account, the Director is authorized to: (check all that apply)

Treat this paper as incorporating any needed extension of time for submission of any paper in this application, per 37 CFR § 1.136 (a)(3)

Treat this paper as a general authorization for this patent application.

Charge any additional fee(s) or any underpayment of fee(s)

Credit any Overpayments

FEE CALCULATION

1. BASIC FILING FEE, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		FEES PAID (\$)
	Small Entity	Fee (\$)	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Electronic Filing		75					
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXTRA CLAIM FEES

Fee Description

	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
23	- 23 or HP = 0	x 0	= 0

Multiple Dependent Claims

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
3	- 3 or HP = 0	x 0	= 0

Fee (\$)

Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(b).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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-100= /50= (round up to a whole number) x =

4. OTHER FEE(S)	Fee Paid (\$)
Non-English Specification, \$130.00 fee (no small entity discount)	
Other (e.g., late filing surcharge): Extension of Time	\$120.00

Submitted By

Name (Print/Type)	Michael J. Halbert	Registration No. (Attorney/Agent)	40633	Telephone	(408) 378-7777
Signature		Date	September 25, 2008		

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